

Application Data Sheet **Under 37 C.F.R. § 1.76**

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: 3731

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: Spinous Process Implant with Tethers

Attorney Docket Number:: KLYC-01095US0

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 66

Total Formal Drawing Sheets:: 65

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	F.
Family Name::	Zucherman
Name Suffix::	
City of Residence::	San Francisco
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	3035 Pierce Street
City of mailing address::	San Francisco
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94123
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ken
Middle Name::	Y.
Family Name::	Hsu
Name Suffix::	
City of Residence::	San Francisco
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	52 Clarendon Avenue
City of mailing address::	San Francisco
State or Province of mailing address::	CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94114
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Henry
Middle Name:: A.
Family Name:: Klyce
Name Suffix::
City of Residence:: Piedmont
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 231 Sandringham Road
City of mailing address:: Piedmont
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94611

Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415/362-3800
Fax Number: 415/362-2928
E-Mail address:: officeactions@fdml.com

Representative Information

Representative Customer Number::	23910	
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	divisional	09/842,756	04/26/01
09/842,756	continuation	09/474,038	12/28/99
09/474,038	divisional	09/474,037	12/28/99
09/474,037	continuation	09/175,645	10/20/98
09/175,645	continuation-in-part	08/958,281	10/27/97
08/958,281	continuation-in-part	08/778,093	01/02/97

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: St. Francis Medical Technologies, Inc.
Street of mailing address:: 1900 Bates Avenue, Suite L
City of mailing address:: Concord
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94520